



Department of Housing and  
Community Development

## Emergency Home Repair Program

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**Fiscal Year 2007  
Operations Manual  
July 1, 2006 – June 30, 2007**

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*Division of Housing  
Housing Preservation Unit  
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# **EMERGENCY HOME REPAIR PROGRAM**

## **BACKGROUND**

The Virginia Department of Housing and Community Development (DHCD) is designated to facilitate efforts among local private sector and public entities to implement housing initiatives. One of the programs of DHCD is the Emergency Home Repair Program (EHRP). This program is funded through an appropriation from the Virginia General Assembly.

EHRP makes funds available for emergency repairs and accessibility improvements. These funds are administered locally by eligible organizations such as units of local government and nonprofit organizations which specify the service area and population to be assisted under the EHRP.

## **PROGRAM GOAL**

The goal of the EHRP is to improve the living conditions of low-income persons by removing imminent health and safety hazards and/or barriers to habitability in their homes.

## **PROGRAM OBJECTIVES**

- 1) To repair and/or make physical improvements to housing units occupied by low-income persons to remove health and safety hazards, and
- 2) To make necessary adaptations and/or improvements to housing units occupied by low-income persons with disabilities.

## **ELIGIBLE ADMINISTRATORS**

Local Administrators must be incorporated under the ADMINISTRATORS laws of the Commonwealth of Virginia and operate as nonprofit 501(c) 3 corporation, or be a unit of local government (including cities, towns, counties, housing authorities or other public agencies).

## **INELIGIBLE SERVICE AREAS**

The program currently provides services in non-entitlement areas and does not include the following entitlement areas:

### **Cities/Towns:**

Alexandria	Blacksburg	Bristol
Charlottesville	Chesapeake	Christiansburg
Colonial Heights	Danville	Fredericksburg
Hampton	Harrisonburg	Hopewell
Lynchburg	Newport News	Norfolk
Petersburg	Portsmouth	Radford
Richmond	Roanoke	Suffolk
Virginia Beach	Winchester	

### **Counties:**

Arlington	Chesterfield	Fairfax
Henrico	Loudoun	Prince William

## **ELIGIBLE ACTIVITIES**

Funds under this program may be used to make emergency repairs and accessibility improvements to housing units occupied by very low-income families and/or individuals who meet the requirements set forth in Client Eligibility. The use of in-house labor to make repairs is an allowable expenditure.

Repairs which may be performed with EHRP funds are:

### **Emergency Repairs**

- Plumbing repairs
- Structural repairs where hazards exist, (i.e., roofs, ceilings, walls, floors, stairs, etc.)
- Electrical repairs where hazards exist
- Roof repair/replacement
- Repair/replacement of heating systems

### **Accessibility Improvements**

- Wheelchair ramps
- Hand railings, grab bars
- Kitchen and bathroom adaptations
- Doorway widening

## **MAXIMUM ASSISTANCE**

Project costs paid through the EHRP may not exceed \$2,500. The program average cost per unit may not exceed \$1,000 per year.

## **INELIGIBLE ACTIVITIES**

Funds made available under this program shall not be used to:

- Make repairs on a unit in which the *total project expenses from all funding sources exceed \$5,000.*
- Make repairs on a unit in conjunction with repair or rehabilitation work performed using Community Development Block Grant funds.
- Make repairs on a unit owned entirely or in part by the Local Administrator.
- Make purely cosmetic repairs.
- Pay administrative costs.
- Make repairs to storage sheds, outbuildings or other non-dwelling units.
- Make repairs to driveways or other means of egress which cannot be defined as an accessibility improvement.

## **CLIENT ELIGIBILITY**

In order to receive assistance under the EHRP, households must meet the following eligibility requirements:

- Owner Occupied Units - Total gross household income from *all* sources cannot exceed 80% of area median income (AMI), adjusted for family size, as currently determined by HUD. The most current area median income information may be found on the Virginia Housing Development Authority's website at [www.vhda.com](http://www.vhda.com) under "Rental Housing".
- Rental Units - Total gross household income as above, AND:
  - The property owner must provide a minimum dollar for dollar match for major improvements (total project costs exceed \$500) made to their property (ex. roof and furnace replacements);
  - The property owner must provide a minimum of 15% of total project costs as match for minor repairs and improvements (total project costs up to \$500) made to their property (ex. roof, electrical and plumbing repairs);

**NOTE: If the property owner refuses to provide required match, DHCD may approve other sources of match on a case by case basis.**

- **The property owner must also agree, in writing, not to increase the current rent as a result of the emergency repair(s), for a minimum of one year, to be determined by the Local Administrator.**
- **The property owner is not required to provide match:**
  - **for accessibility improvements, or**
  - **if he/she is income eligible for the EHRP.**

**All households who meet THIS INCOME ELIGIBILITY CRITERION and who have an emergency repair need as defined in the Eligible Activities section must have access to the EHRP.**

**Funds must be made available to eligible clients on a first come-first served basis, limited only by project costs and the availability of funds.**

### **MATCHING REQUIREMENTS**

**A program-wide dollar for dollar match is required for the total EHRP grant award. There is no requirement that a dollar for dollar match be provided for each job. Match for any of the following items except item #1) must be documented in the project file for each project on which it is used. The match requirement may be met by using any of the following:**

- 1) Project costs for the following items may be claimed as administrative match not to exceed 15% of the total grant award. Administrative match is automatically calculated by DHCD based on total of project costs listed for the reporting period. Documentation is not required for this type of match.**
  - **Outreach - staff time and travel**
  - **Inspections/write-ups - staff time and travel**
  - **Match "Packaging"**
  - **Grant Management**
  - **Reporting**
- 2) Cash provided from public or private sources, including the client.**
- 3) Supervised volunteer labor, or owner/occupant sweat equity (labor) valued at \$5.00 per hour for unskilled labor and \$7.50 per hour for semi-skilled labor; current market rates for licensed trades may be used as match provided a receipt or invoice is present in the client file stating the contractors name, address, license number, work performed, and total in-kind value.**
- 4) Donated or client provided materials, supplies, or equipment, at current fair market value.**

- 5) In-house labor provided by employees of the Local Administrator is to include travel expenses. This amount is to be based on the current hourly rate of pay but not to exceed general market rates for like labor. Appropriate employee time sheets must be maintained in job files to verify this match.

**The Local Administrator will be required to keep documentation of matching resources in the individual project files and report match, by source, on the Quarterly Report.**

## **PROGRAM SCHEDULE**

The funding cycle for Fiscal Year 2007 shall be July 1, 2006 through June 30, 2007. All program activities for the fiscal year shall end on June 30, 2007.

## **LOCAL ADMINISTRATOR AGREEMENT**

### **Terms and Conditions**

The Department will enter into Agreements with Local Administrators based on application approval and availability of program funds. The Department may deobligate and reallocate funds under this program if the Local Administrator fails to adhere to the terms and conditions outlined in the Grant Agreement or for other unacceptable performance. The Grant Agreement shall:

- 1) Stipulate the total amount of Repair Funds awarded;
- 2) Stipulate a specified contract period;
- 3) Reference the dollar for dollar match requirement;
- 4) Indicate the method of funds disbursement;
- 5) Set forth performance requirements; and
- 6) Give due dates for submission of required reports.

Local administrators further agree to maintain an accounting and financial records systems to properly control and account for program funds. Minimum acceptable standards for the financial accounting system can be found in Appendix II.

## **REPORTING**

Local Administrators of the Emergency Home Repair Program shall submit Program Activity Reports on a quarterly basis. This report shall be made on a designated form provided by the Department and shall include all information requested. See Appendix III for copies of prepared reporting forms.

**Note:** At this time, only Local Administrators who also administer the Weatherization Assistance Program may use the Weatherization Database for reporting.

## **FUNDS DISBURSEMENT**

Funds disbursement shall be made per the schedule outlined in the Grant Agreement, and will be approved based on satisfactory expenditure/reporting of previously disbursed state funds.

If the Local Administrator receives payments by electronic transfer, the Request for Disbursement may be submitted by facsimile. However, if the Local Administrator receives payments by check, the Request for Disbursement must be submitted by mail.

Information regarding electronic transfer, the Electronic Data Interchange or EDI, may be found through the Virginia Department of Accounts' web site at [www.doa.virginia.gov](http://www.doa.virginia.gov). Use the Quick Link for EDI.

Note: Local Administrators who also administer the Weatherization Assistance Program may use the Weatherization Database for invoicing.

## **HOME REPAIR AGREEMENTS**

Local Administrators which operate Emergency Home Repair Programs are required to enter into a Home Repair Agreement with the property owner of each housing unit approved for emergency repair. The Agreement shall specify the following:

- 1) Emergency repair or accessibility improvement to be completed and the amount and sources of funds or donations for each item;
- 2) When work will begin and estimated completion date;
- 3) Any special arrangements, i.e., owner/occupant's work contribution or agreement to purchase materials (itemized); or contributions of donated labor or materials (itemized);
- 4) Whether a private contractor or the Local Administrator's employees will perform the repairs, and the contact person to whom the property owner or occupant should address questions, complaints, etc; and
- 5) Final inspection procedure, including owner/occupant's sign-off.

## **GRANT AWARDS**

The total state EHRP allocation for FY 2007 is \$352,725 in Repair Funds. These funds will be distributed among the Local Administrators who receive awards through the Department.

Each Local Administrator will receive base funding of \$5,000, with \$1,000 added for each additional locality, to a maximum of \$10,000. The remaining funds will be allocated to localities by a formula based on low-income population and substandard housing factors from the most current U.S. Census information.





**APPENDIX I**

**DEFINITIONS**

## **DEFINITIONS**

The following words and phrases, as used in this manual shall be defined as shown, unless the context clearly indicates otherwise:

**ACCESSIBILITY IMPROVEMENT** - a modification to a property which makes it more accessible to persons with disabilities (e.g. ramps, wider doorways, grab bars, bathroom and kitchen adaptation, etc.).

**APPLICATION** - The written request and supporting documentation for funding under this program.

**DHCD** - The Virginia Department of Housing and Community Development.

**DISABLED** - any person receiving Social Security Disability, Railroad Retirement Disability, Supplemental Security Income as disabled, One Hundred Percent Veteran's Administration Benefits, or is determined to be disabled by a licensed practicing physician.

**ELDERLY** - any person sixty (60) years of age or older.

**HOUSEHOLD** - all persons related or unrelated living together as one economic unit.

**HOUSEHOLD INCOME** - total income, from all sources, before taxes, of all members of the household.

**HOUSING UNIT** - a detached single family house; a townhouse; a unit in a duplex, apartment, or condominium; a mobile home.

**LOCAL ADMINISTRATOR** - a non-profit organization or unit of local government which is funded under the Emergency Home Repair Program.

**REHABILITATION** - substantial physical improvements/repairs to a facility which will secure it structurally, correct building, health or fire safety code related deficiencies, increase energy efficiency, and assure safe and sanitary occupancy of the housing unit or facility.

**EMERGENCY REPAIR** - an improvement to a housing unit which will improve or correct conditions imminently affecting the health and safety of the occupants.

**VERY LOW-INCOME** - households with household incomes at or below 50% of the area medium income (AMI), adjusted for family size, as determined by the United States Department of Housing and Urban Development (HUD).

## **APPENDIX II**

### **FINANCIAL MANAGEMENT SYSTEM BASICS**

## **STANDARDS FOR FINANCIAL MANAGEMENT SYSTEMS**

All Emergency Home Repair Program Local Administrators must maintain an accounting and financial records system to properly control funds. This system must meet general accounting concepts and practices and fully disclose all financial information related to grants.

This outline does not intend to dictate or even design the type of system that the Local Administrator must maintain. Rather, it is providing minimum standards and suggestions for systems and procedures. It should be emphasized that the Local Administrator need not make any changes to an existing system if it meets the minimum standards of the program.

This outline provides standards for financial management systems of supported activities. Additional standards and requirements can be found in the Internal Control section of this appendix.

An adequate acceptable accounting process will meet the following criteria:

- Provide for the classification and presentation of the projected and actual costs of the grant, and thus provide for both budgetary and evaluation needs.
- Provide accounting records and documentation to support and identify expenditure of grant funds.
- Provide accurate, current, and complete financial information to meet the prescribed requirements for periodic financial reporting.
- Include procedures for determining the allowability of costs in accordance with the provisions of program guidelines.
- Insure that optimal use is made of funds by means of cost and property control and prudent management.
- Be integrated with an adequate system of internal controls to safeguard cash and properties purchased with program funds, check the accuracy and reliability of accounting data, promote operational efficiency, and encourage adherence to prescribed management policies.
- Provide for the control of cash and other resources to insure that the obligations and expenditures of funds and use of property are in conformance with requirements of the state.

## **INTERNAL CONTROL**

Internal controls comprise the plan of organization and all of the coordinate methods and measures adopted within an organization to: safeguard its assets, check the adequacy and reliability of its accounting data and financial reports, promote operating efficiency, and encourage adherence to prescribed management policies. Local Administrators are required to insure that adequate internal controls are maintained to safeguard and account for the proper use of funds entrusted to them.

### **Objectives**

The objectives of the system of internal control should be:

- To protect and account for cash and other assets.
- To prevent wasteful or unnecessary expenditures or creation of liabilities.
- To restrict liabilities, obligations, and expenditures to those authorized by the grant.
- To ensure that all revenues are properly accounted for.
- To judge the efficiency, economy, and effectiveness of operation.
- To measure the adherence to the program narrative in the grant agreement.

### **Characteristics**

The characteristics of an adequate system of internal control include:

- A plan of organization that provides segregation of duties.
- A system of authorization and recording procedures that provides accounting control over assets, liabilities, revenues, and expenses.
- Sound practices to be followed in performance of duties and functions to each of the organizational units.
- A degree of personnel competence commensurate with responsibilities.

## Important Features

An adequate system of internal control contains the following features:

- Employee responsibilities should be segregated to prevent one person from having complete control over all phases of any significant transaction.
- The flow of work should be from one employee to another to provide a cross-check, but avoid duplication of effort.
- Recordkeeping should be separated from operations or the handling and custody of assets, such as:
  - 1) The function of receiving cash should be centralized in one person, who should not be connected in any way with approving or certifying vouchers, acting as imprest fund cashier, preparing deposits, making disbursements, or keeping accounting records. The person who prepares or makes deposits, approves or certifies vouchers, or disburses cash should not have access to the accounting records.
  - 2) All checks and negotiable instruments should be stamped with a restrictive endorsement at as early a point as possible in cash handling, preferably at the point where the envelopes are opened immediately upon receipt. All of the cash items should be listed in duplicate and a copy of the listing delivered to the person responsible for performing bank reconciliations.
  - 3) Periodic examination and count or other review of cash balances should be made by employees who do not handle or record cash or sign checks.
  - 4) Local Administrators who do not have sufficient staffing to provide the desired separation of duties and cross-checks should utilize the available personnel to maximize internal control. For example, if the Local Administrator has only one person in the accounting group, a manager or an outside director should be required to approve all disbursements and sign the checks. Management personnel could also perform periodic surprise checks or reviews of cash balances and deposits, voucher preparation, or time cards.

## **CASH MANAGEMENT**

### **Control of Funds**

Local Administrators must safeguard all funds to prevent misuse or misappropriation. The section on Internal Control provides guidance on establishing effective controls. In addition, program should follow these guidelines:

- Deposits should be made the same day that a check is received by the Local Administrator. Bank deposit slips should be retained as support for the deposit.
- Unused checks in the possession of Local Administrators should be protected against theft or misuse by assigning one employee the responsibility for safeguarding the checks and limiting access to the supply of unused checks.
- Spoiled/Voided checks should have the signatures or signature lines removed, “VOID” marked across the face of the check with indelible ink. And protected against theft and misuse in the same manner as unused checks.
- Petty cash disbursements should be supported by petty cash vouchers properly completed and signed by the recipient of the funds. Any supporting documentation for the disbursements should be attached to the voucher.



## Cash Depositories

All funds provided to Local Administrators must be deposited in a FDIC insured bank. Local Administrators are encouraged to use depositories identified by the U. S. Treasury Department as minority banks when such banks can provide adequate and convenient service.

## Accounting for Funds

The Local Administrator is responsible to see that all cash is properly accounted for and that cash accounts are reconciled monthly. Reconciliations should include:

- General ledger cash accounts reconciled to balance per checkbook and to the bank statements.
- Cash receipts per the books reconciles to deposits per the bank statement.
- Cash disbursements per the bank statement reconciled to checks written during the month.

The Local Administrator should maintain adequate and properly approved documentation to support all receipts and disbursements, including deposit slips, vendor invoices, monthly billing statements, and other such documentation.

In addition, petty cash accounts (when utilized) should be reconciled and replenished on a regular and timely basis (usually weekly or biweekly) to provide adequate control over petty cash disbursements. The fund should normally not exceed \$50. Local Administrators should avoid using the petty cash fund for regular disbursements. Expenses paid out of petty cash should be recounted when the account is replenished by a check drawn on the regular bank account. The check should be made out to the designated petty cash custodian as follows:

Jane Jones.....Petty cash custodian

**APPENDIX III**

**PROGRAM FORMS**

## Sample Emergency Home Repair Program Application for Assistance

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of application: \_\_\_\_\_

Indicate type of housing:

Single Family Owned \_\_\_\_\_ Single Family Rental \_\_\_\_\_

Manufactured Home Owned \_\_\_\_\_ Manufactured Home Rental \_\_\_\_\_

Multi-Family (4 units or less) \_\_\_\_\_ Multi-Family (5 units or more) \_\_\_\_\_

If you rent, list name, address, and phone number of your landlord:

\_\_\_\_\_  
\_\_\_\_\_

Number of persons in household: \_\_\_\_\_ Female Head of Household: Yes \_\_\_\_ No \_\_\_\_

Total annual income for household: \$ \_\_\_\_\_

Number of household members who are mentally impaired: \_\_\_\_\_

Indicate number of household members by race/ethnicity:

White \_\_\_\_\_ Hispanic \_\_\_\_\_ Black \_\_\_\_\_ Asian \_\_\_\_\_

Native American \_\_\_\_\_ Other \_\_\_\_\_ Not Available \_\_\_\_\_

***Please provide the following information for all household members:***

Name	Relationship	Disabled		Sex	Age	Annual Income	Source of Income*
		Yes	No				
						\$	
						\$	
						\$	
						\$	
						\$	
						\$	

\*Attach documentation/written proof of income

List any assets such as property, stocks, bonds, boats, etc. \_\_\_\_\_

\_\_\_\_\_

Directions to home: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of applicant: \_\_\_\_\_

**EMERGENCY HOME REPAIR PROGRAM  
SAMPLE AUTHORIZATION AND RELEASE**

The undersigned hereby certifies that he/she is the owner of the property located at \_\_\_\_\_ and \_\_\_\_\_ does hereby authorize the Virginia Department of Housing and Community Development (DHCD) and \_\_\_\_\_, the EHRP Local Administrator, to make repairs and improvements as necessary to the said property.

The owner and/or tenant hereby release and agree to indemnify and hold harmless the DHCD and the Local Administrator, its staff and volunteer assistance, from any liability in conjunction with the performance of the repairs and improvements.

Owner and/or tenant agree to provide DHCD and the Local Administrator access to the property at reasonable times for the purpose of inspecting the work.

Owner and/or tenant certifies that he/she intends to occupy the property for at least one (1) year after the date the work is completed.

Owner and/or tenant agrees that the quality of the installation of the materials cannot be guaranteed beyond a period of one (1) year.

Owner and/or tenant understand that he/she may request information as to the specific work to be done to the property prior to signing this authorization and release, and agrees to the work to be performed as determined by the Local Administrator.

\_\_\_\_\_  
Local Administrator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Homeowner/Landlord Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tenant Signature (if applicable)

\_\_\_\_\_  
Date

**EMERGENCY HOME REPAIR PROGRAM**  
**SAMPLE HOMEOWNER/RENTER AGREEMENT**  
**(before starting the project activities)**

An Agreement is made by and between \_\_\_\_\_ (Local Administrator) and \_\_\_\_\_ (Homeowner and/or Renter) in accordance with the Emergency Home Repair Program Guidelines for the purpose of providing repairs and improvements as necessary to the property located at \_\_\_\_\_ as follows:

SCOPE OF WORK: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WORK TO BE PERFORMED BY: \_\_\_\_\_

WORK TO BEGIN: \_\_\_\_\_ ESTIMATED COMPLETION: \_\_\_\_\_

TOTAL COST – MATERIALS, LABOR AND MATCH: \$ \_\_\_\_\_

EHRP Funds \$ \_\_\_\_\_

Match Funds \$ \_\_\_\_\_

Source of Match: \_\_\_\_\_

SPECIAL ARRANGEMENTS: \_\_\_\_\_  
\_\_\_\_\_

Complaints or questions concerning the repairs should be directed to: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Local Administrator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Homeowner/Landlord Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date

**EMERGENCY HOME REPAIR PROGRAM  
CERTIFICATION OF COMPLETION**

I certify that the Scope of Work described above has been completed in a satisfactory manner.

---

Local Administrator

---

Date

---

Homeowner/Renter

---

Date

**EMERGENCY HOME REPAIR PROGRAM  
SAMPLE LANDLORD CERTIFICATION**

This is to certify that I, \_\_\_\_\_, am  
the owner of the property located at \_\_\_\_\_

\_\_\_\_\_

and that I am unable to make the needed repairs. I further agree not to raise the rent on  
this property and not to evict the tenant for a period of one year from the date hereof as  
long as the tenant complies with all obligations of the present lease agreement.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date



**FISCAL YEAR 2007 EMERGENCY HOME REPAIR PROGRAM**

**REPAIR FUNDS REQUEST FOR DISBURSEMENT**

On behalf of the \_\_\_\_\_ (enter name of Local Administrator), located in \_\_\_\_\_ (enter locality), I hereby request Emergency Home Repair Program funds in the amount of \$\_\_\_\_\_ to conduct the approved activities in accordance with the Fiscal Year 2007 Emergency Home Repair Program Grant Agreement and Operations Manual. Records shall be kept of all project expenditures and match, and submitted to the Department of Housing and Community Development upon request.

**GRANT #: 07-ER-**\_\_\_\_\_ **FIN:**\_\_\_\_\_

**First Request:** \_\_\_\_\_

**Second Request:** \_\_\_\_\_ **(Local Administrator certifies that 90% of the funds from the first request has been expended.)**

Grantee's Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Payment received via electronic transfer: \_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes" request may be mailed or faxed. If "No" Request must be mailed.

\_\_\_\_\_  
Type or Print Name and Title of Authorized Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR DHCD USE ONLY**

Cost Code	Project Code	Amount
_____	_____	\$ _____
_____	_____	\$ _____
	TOTAL	\$ _____

PAYMENT AUTHORIZED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**FISCAL YEAR 2007 EMERGENCY HOME REPAIR PROGRAM  
QUARTERLY REPORT**

Local Administrator: \_\_\_\_\_

**Grant Number: 07-ER-**

Contact Person for this Report: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

This report is for: \_\_\_\_\_ Quarter 1 (July – September) \_\_\_\_\_ Quarter 2 (October – December)  
 \_\_\_\_\_ Quarter 3 (January – March) \_\_\_\_\_ Quarter 4 (April – June)

**I. Units/Jobs**

Total number of units for the quarter: \_\_\_\_\_ Number of units for the Year to Date: \_\_\_\_\_

Enter the activity per city/county served in this quarter in the table below:

Number of Jobs	FIPS Code	Amount		Number of Jobs	FIPS Code	Amount
		\$				\$
		\$				\$
		\$				\$
		\$				\$

Indicate the number of units this quarter for each type of unit. Use unduplicated numbers.

Single Family Owned _____	Single Family Rental _____
Manufactured Home Owned _____	Manufactured Home Rental _____
Multi-Family (4 units or less) _____	Multi-Family (5 units or more) _____

Total number of jobs by type (may be duplicated):

Plumbing Repair _____	Energy Efficiency _____
Electrical System _____	Heating/Cooling _____
Structural _____	Emergency Repairs _____
Roofing _____	Accessibility Improvements _____

**II. Grant Funds**

EHRP Contract Award for FY 2007 \$ \_\_\_\_\_

Year to Date Funds Received (FY2007 Repair funds) \$ \_\_\_\_\_

Total Year to Date EHRP Job Cost \$ \_\_\_\_\_

Available Drawdown Balance \$ \_\_\_\_\_

Unspent Balance on Hand \$ \_\_\_\_\_

### III. Match Funds

Source and value of Local Match Contribution (Use the Categories listed on page four):

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Match \$ _____	

### IV. Client Demographics

1. Enter **total number of household members** (persons) in each category. "Non-Target" is all Individuals who do not fit in another category. A household member may be counted in more than one category.

Non-Target _____	Native American _____
Elderly (age 60 or over) _____	Children (under age 18) _____
Disabled _____	Children (age 5 or below) _____
Mentally Impaired _____	Female Head of Household _____

2. Enter **total number of household members** (persons) by race/ethnicity:

White _____	Hispanic _____	Black _____	Asian _____
Native American _____	Other _____	Not Available _____	

3. Enter **total number of households** with the following incomes:

Less than \$3,000 _____	\$15,001 to \$20,000 _____
\$3,001 to \$5,000 _____	\$20,001 to \$25,000 _____
\$5,001 to \$10,000 _____	\$25,001 to \$30,000 _____
\$10,001 to \$15,000 _____	Over \$30,000 _____

4. Enter **total number of households** containing the specified number of persons

One _____	Two _____	Three _____	Four _____
Five _____	Six _____	Seven _____	Eight _____
More than Eight _____			

### V. Certification and Signature

I certify that all households were income-eligible and that this report is true and reflective of program performance in the reported quarter.

_____ Signature and Position	_____ Date
---------------------------------	---------------

**EMERGENCY HOME REPAIR PROGRAM  
QUARTERLY REPORT ATTACHMENT  
Client Information Sheet**

Local Administrator: \_\_\_\_\_

Quarter #: \_\_\_\_\_

Page#: \_\_\_\_\_

Complete the table for all EHRP projects completed during this quarter.

Client Name and Address	Number in Household	Total Annual Household Income	Work Performed	Total Cost of Repairs	Cost Breakdown	
					EHRP Funds	Match Funds and Source

*Attach additional pages if necessary. Please number the pages consecutively.*

## EMERGENCY HOME REPAIR PROGRAM

### Categories for Match Sources

Category 1	CDBG, IPR
Category 2	Church, United Way, Donation
Category 3	CSBG
Category 4	DSS Crisis
Category 5	Local Government
Category 6	Local HOME
Category 7	Owner
Category 8	Petroleum Violation Escrow
Category 9	Private In-Kind
Category 10	Private Lender
Category 11	Rural Development
Category 12	State General Funds
Category 13	Other State Funds
Category 14	Virginia Water Project
Category 15	VHP, Homeownership
Category 16	VHP SEED Money
Category 17	Weatherization
Category 18	Other*

\* Other includes, but is not limited to, donated units valued at current Fair Market Rent, and donated labor, material, and equipment, valued at local market rates.

## FIPS Codes

### Counties

Accomack	001	Franklin County	067	Nottoway	135
Albermarle	003	Frederick	069	Orange	137
Alleghany	005	Giles	071	Page	139
Amelia	007	Gloucester	073	Patrick	141
Amherst	009	Goochland	075	Pittsylvania	143
Appomattox	011	Grayson	077	Powhatan	145
Arlington	013	Greene	079	Prince Edward	147
Augusta	015	Greensville	081	Prince George	149
Bath	017	Halifax	083	Prince William	153
Bedford County	019	Hanover	085	Pulaski	156
Bland	021	Henrico	087	Rappahannock	157
Botetourt	023	Henry	089	Richmond County	159
Brunswick	025	Highland	091	Roanoke County	161
Buchanan	027	Ise of Wight	093	Rockbridge	163
Buckingham	029	James City	095	Rockingham	165
Campbell	031	King and Queen	097	Russell	167
Caroline	033	King George	099	Scott	169
Carroll	035	King William	101	Shenandoah	171
Charles City	036	Lancaster	103	Smyth	173
Charlotte	037	Lee	105	Southampton	175
Chesterfield	041	Loudoun	107	Spotsylvania	177
Clarke	043	Louisa	109	Stafford	179
Craig	045	Lunenburg	111	Surry	181
Culpeper	047	Madison	113	Sussex	183
Cumberland	049	Mathews	115	Tazewell	185
Dickenson	051	Mecklenburg	117	Warren	187
Dinwiddie	053	Middlesex	119	Washington	191
Essex	057	Montgomery	121	Westmoreland	193
Fairfax County	059	Nelson	125	Wise	195
Fauquier	061	New Kent	127	Wythe	197
Floyd	063	Northampton	131	York	199
Fluvanna	065	Northumberland	133		

### Cities

Alexandria	510	Fredericksburg	640	Petersburg	730
Bedford	515	Galax	640	Poquoson	735
Bristol	520	Hampton	650	Portsmouth	740
Buena Vista	530	Harrisonburg	660	Radford	750
Charlottesville	540	Hopewell	670	Richmond	760
Chesapeake	550	Lexington	678	Roanoke	770
Colonial Heights	570	Lynchburg	680	Salem	775
Covington	580	Manassas	683	Staunton	790
Danville	590	Manassas Park	685	Suffolk	800
Emporia	595	Martinsville	690	Virginia Beach	810
Fairfax	600	Newport News	700	Waynesboro	820
Falls Church	610	Norfolk	710	Williamsburg	830
Franklin	620	Norton	720	Winchester	840

Five Virginia Cities and Counties have identical names:  
Bedford, Fairfax, Franklin, Richmond and Roanoke.

Please be sure to use the proper FIPS number.